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JRW

HAMILTON, BROOK, SMITH &amp; REYNOLDS, P.C.

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
and  
CHANGE OF CORRESPONDENCE  
ADDRESS**

Application/Patent Number	6,825,328 B1
Filing/Issue Date	November 30, 2004
First Named Inventor/Patentee	Stephen W. Scherer
Confirmation Number	2291
Group Art Unit	1634
Examiner Name	Juliet Caroline Switzer
Attorney Docket Number	0856.2060-000

Title **LAFORA'S DISEASE GENE**

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ I hereby appoint the following practitioner(s): [Not to exceed 10]

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **021005**

Please change the correspondence address for the above-identified application to:

☒ **Customer Number 021005**  
Hamilton, Brook, Smith & Reynolds, P.C.  
530 Virginia Road  
P.O. Box 9133  
Concord, Massachusetts 01742-9133

☐ Other

Please direct all telephone calls and facsimiles to:

Name Doreen M. Hogle Tel. No. 978-341-0036 Fax No. 978-341-0136

I am the:

☐ Applicant/Inventor.

☐ Authorized representative of the Assignee, [ FILL IN WITH NAME OF ASSIGNEE ], of the entire interest. See 37 CFR § 3.71. A Statement under 37 CFR § 3.73(b) is enclosed.

☒ Authorized representative of the Assignee, McGill University, together with The Hospital for Sick Children and The Regents of the University of California, of the entire interest. A Statement under 37 CFR § 3.73(b) is enclosed.

SIGNATURE of Applicant or Assignee of Record

Signature	
Name & Title	Sandra Crocker - Assistant Vice-Principal
Date	Mar 26/09



Docket No. 0856.2060-000

## STATEMENT UNDER 37 CFR § 3.73(b)

Applicant/Patentee: Stephen W. Scherer, Berge A. Minassian, Antonio Delgado-Escueta and Guy RouleauApplication No./Patent No.: 6,825,328 B1 Filed/Issue Date: November 30, 2004For: LAFORA'S DISEASE GENE

McGill University, a university  
 (Name of Assignee) Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is

- A. ☐ the assignee of the entire right, title and interest in the patent application identified above; or
- B. ☒ an assignee together with The Hospital for Sick Children and The Regents of the University of California of the entire right, title and interest in the patent application identified above.

The right, title and interest of the above-named assignee in the patent application identified above is established by virtue of:

- A. ☒ An assignment from the inventor(s) of the patent application identified above. The assignment was recorded in the Patent and Trademark Office at Reel 021861, Frames 0389-0390, or a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s) of the patent application identified above, to the current assignee as shown below:

1. From:                      To:                       
 The document was recorded in the United States Patent and Trademark Office at  
 Reel           , Frame           , or a copy thereof is attached.
2. From:                      To:                       
 The document was recorded in the United States Patent and Trademark Office at  
 Reel           , Frame           , or a copy thereof is attached.
3. From:                      To:                       
 The document was recorded in the United States Patent and Trademark Office at  
 Reel           , Frame           , or a copy thereof is attached.

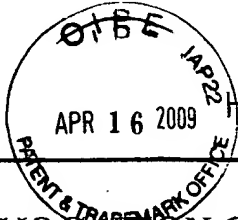
☐ Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature Name: Sandra CrockerTitle: Assistant Vice-President (Research and International Relations)Date: Mar 26/09



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APR 16 2009

HAMILTON, BROOK, SMITH &amp; REYNOLDS, P.C.

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and  
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Application/Patent Number	6,825,328 B1
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First Named Inventor/Patentee	Stephen W. Scherer
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Attorney Docket Number	0856.2060-000

Title LAFORA'S DISEASE GENE

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ I hereby appoint the following practitioner(s): [Not to exceed 10]

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 021005

Please change the correspondence address for the above-identified application to:

☒ **Customer Number 021005**  
Hamilton, Brook, Smith & Reynolds, P.C.  
530 Virginia Road  
P.O. Box 9133  
Concord, Massachusetts 01742-9133

☐ Other

Please direct all telephone calls and facsimiles to:

Name Doreen M. Hogle Tel. No. 978-341-0036 Fax No. 978-341-0136

I am the:

☐ Applicant/Inventor.

☐ Authorized representative of the Assignee, [ FILL IN WITH NAME OF ASSIGNEE ], of the entire interest. See 37 CFR § 3.71. A Statement under 37 CFR § 3.73(b) is enclosed.

☒ Authorized representative of the Assignee, The Regents of the University of California, together with The Hospital for Sick Children and McGill University, of the entire interest. A Statement under 37 CFR § 3.73(b) is enclosed.

SIGNATURE of Applicant or Assignee of Record

Signature

*Cheryl Silverman*

Name & Title

**CHERYL SILVERMAN**  
**PATENT PROSECUTION MANAGER**  
UCLA Office of Intellectual Property Administration

Date

1 April 2009



Docket No. 0856.2060-000

STATEMENT UNDER 37 CFR § 3.73(b)

Applicant/Patentee: Stephen W. Scherer, Berge A. Minassian, Antonio Delgado-Escueta and Guy Rouleau

Application No./Patent No.: 6,825,328 B1 Filed/Issue Date: November 30, 2004

For: LAFORA'S DISEASE GENE

The Regents of the University of California, a university  
(Name of Assignee) Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is

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The right, title and interest of the above-named assignee in the patent application identified above is established by virtue of:

- A. ☒ An assignment from the inventor(s) of the patent application identified above. The assignment was recorded in the Patent and Trademark Office at Reel 021861, Frames 0387-0388, or a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s) of the patent application identified above, to the current assignee as shown below:

1. From: [ ] To: [ ]  
The document was recorded in the United States Patent and Trademark Office at  
Reel [ ], Frame [ ], or a copy thereof is attached.
2. From: [ ] To: [ ]  
The document was recorded in the United States Patent and Trademark Office at  
Reel [ ], Frame [ ], or a copy thereof is attached.
3. From: [ ] To: [ ]  
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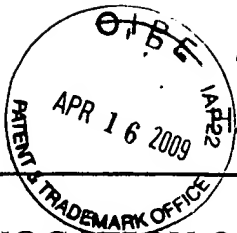
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature Cheryl Silverman

Name: CHERYL SILVERMAN

Title: PATENT PROSECUTION MANAGER  
UCLA Office of Intellectual Property Administration

Date: 1 April 2009



09 744 072

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY and CHANGE OF CORRESPONDENCE ADDRESS</b>	Application/Patent Number	6,825,328 B1
	Filing/Issue Date	November 30, 2004
	First Named Inventor/Patentee	Stephen W. Scherer
	Confirmation Number	2291
	Group Art Unit	1634
	Examiner Name	Juliet Caroline Switzer
	Attorney Docket Number	0856.2060-000
Title LAFORA'S DISEASE GENE		
I hereby revoke all previous powers of attorney given in the above-identified application.		
<input type="checkbox"/> I hereby appoint the following practitioner(s): [Not to exceed 10]		
OR		
<input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <b>021005</b>		
Please change the correspondence address for the above-identified application to:		
<input checked="" type="checkbox"/> <b>Customer Number 021005</b> Hamilton, Brook, Smith & Reynolds, P.C. 530 Virginia Road P.O. Box 9133 Concord, Massachusetts 01742-9133		
<input type="checkbox"/> Other		
Please direct all telephone calls and facsimiles to:		
Name <u>Doreen M. Hogle</u> Tel. No. <u>978-341-0036</u> Fax No. <u>978-341-0136</u>		
I am the:		
<input type="checkbox"/> Applicant/Inventor.		
<input type="checkbox"/> Authorized representative of the Assignee, [ FILL IN WITH NAME OF ASSIGNEE ], of the entire interest. See 37 CFR § 3.71. A Statement under 37 CFR § 3.73(b) is enclosed.		
<input checked="" type="checkbox"/> Authorized representative of the Assignee, The Hospital for Sick Children, together with The Regents of the University of California and McGill University, of the entire interest. A Statement under 37 CFR § 3.73(b) is enclosed.		
SIGNATURE of Applicant or Assignee of Record		
Signature		
Name & Title		
Date		

**Arlene Yee, DVM, MSC**  
Director, Technology Partnerships  
Corporate Ventures  
The Hospital for Sick Children  
555 University Ave  
Toronto, Ontario  
M5G 1X8



Docket No. 0856.2060-000

STATEMENT UNDER 37 CFR § 3.73(b)

Applicant/Patentee: Stephen W. Scherer, Berge A. Minassian, Antonio Delgado-Escueta and Guy Rouleau

Application No./Patent No.: 6,825,328 B1 Filed/Issue Date: November 30, 2004

For: LAFORA'S DISEASE GENE

The Hospital for Sick Children, a partnership  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is

- A. ☐ the assignee of the entire right, title and interest in the patent application identified above; or
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The right, title and interest of the above-named assignee in the patent application identified above is established by virtue of:

- A. ☒ An assignment from the inventor(s) of the patent application identified above. The assignment was recorded in the Patent and Trademark Office at Reel 021861, Frames 0378-0379 and Reel 021861, Frames 0385-0386, or a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s) of the patent application identified above, to the current assignee as shown below:

1. From: [ ] To: [ ]  
The document was recorded in the United States Patent and Trademark Office at Reel [ ], Frame [ ], or a copy thereof is attached.
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The document was recorded in the United States Patent and Trademark Office at Reel [ ], Frame [ ], or a copy thereof is attached.
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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature Arlene Yee

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: March 31, 2009

**Arlene Yee, DVM, MSC**  
Director, Technology Partnerships  
Corporate Ventures  
The Hospital for Sick Children  
555 University Ave  
Toronto, Ontario  
M5G 1X8